CAND 435				TRANSCRIPT ORDER se one form per court reporter. Please read instructions on next page.  CJA Counsel should NOT use this form. unsel should request transcripts by submitting a AUTH24 in eVoucher.									COURT USE ONLY <b>DUE DATE:</b>				
1a. CONTACT PERSON FOR THIS ORDER Cenêt B. Hogan  2a. CONTACT PHONE (404) 572-342						· · · · · · · · · · · · · · · · · · ·					3. CONTACT EMAIL ADDRESS ghogan@kslaw.com						
1b. ATTORNEY NAME (if different)  Geoffrey M. Drake  2b. ATTORNEY PHON (404) 572-47										3. ATTORNEY EMAIL ADDRESS gdrake@kslaw.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) King & Spalding LLP 1180 Peachtree Street, NE, Suite 1600 Atlanta, GA 30309-3521						5. CASE NAME In re Social Media Adolescent Addiction							6. CASE NUMBER 4:22-md-3047				
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR  Kelly Shainline						8. THIS TRANSCRIPT ORDER IS FOR:  APPEAL CRIMINAL In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: Do not use this form; use Form AUTH24 in eVoucher.											
9. TRANSCRIP	T(S) REQUESTED (	Specify portion	on(s) and date(s) of proc	eeding(s) for w	hich trans	script is r	equested	d), format(s) &	& quantity ar	nd delivery	type:						
a HEARING(S) (OR PORTIONS OF HEARINGS)						FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hea specify portion (e.g. witness or	PDF aring, (email) time)		/ASCII mail)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
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			, QUESTIONS, ETC: ot to Genêt Hogan	at ghogan(	@kslaw.	v.com.	Thank	you.									
	ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  11. SIGNATURE /s/ Geoffrey M. Drake												12. DATE 12/03/2024				

Clear Form